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Have No Fear, the Charge Nurse is Here!

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Have you ever wished you had the strength and stamina of a superhero? How about enough arms to multi-task like an octopus? Or the ability to stay as calm as an air-traffic controller under pressure?

Enter, the Charge Nurse! Here in the Special Procedures unit at Thornton Hospital, the Charge Nurse is an integral part of the team, and wears many hats. She must hit the ground running daily, as she pulls a cell phone and keys out of the PXYS, checks voicemails, and prints out procedure schedules.

After reviewing the day's schedule to see when staff and physicians are available, assignments are posted, and as the clock strikes 7:30, here they come-Team GI! After a quick huddle to delegate responsibilities, they're off.

Patient safety is a high priority on the unit; one of the first duties is accompanying a technician to test the Cidex high-level disinfectant used to process endoscopes, to ensure it is at the proper working levels. This is a pivotal moment to insure patient safety.

Next may be a stop in the prep area, to help with patient teaching and assessment. As patients are added to the day's schedule, the Charge Nurse is responsible for notifying other departments, such as Anesthesia, Radiology, or a Respiratory Therapist, should they be needed to assist. She also must stay on top of the condition of in-patients, with regular calls to the unit nurse for report.

"Can you please come and waste with me?" is a phrase the Charge Nurse often heard echoing from the procedure room while on the phone. This phrase may sound a bit odd to bystanders, the standard of medication reconciliation is an extremely important task throughout the hospital. It requires two nurses to

witness the wasting of narcotics, and to document the process with signatures on the patient's chart. Adherence to Medical Center Policies and appropriate narcotic control are a high priority in GI.

Meanwhile, after politely asking the caller to hold, she pivots to assist with the waste request, only to be stopped by a Fellow, requesting an in-patient add-on, and a technician popping their head out of a procedure room requesting a piece of equipment. Taking a deep breath, the Charge Nurse instantly assesses the situation and prioritizes her next move, while maintaining a positive attitude, knowing that the next "emergency" is just around the corner.

With the phones temporarily quiet, patient rooms full, and no doctors waiting, it is time to start breaking staff for lunch- often a tricky task due to procedure delays- but it can be done. Looking at the schedule to determine who is on time and who is running behind, helps decide where to start.

In order for her to relieve someone in the middle of a procedure, the Charge Nurse must do a handoff report and sign for any narcotics.

With everyone having taken lunch, a rumbling noise rolls like a volcano about to erupt, sounds as if her stomach were saying, "Hey, what about me?" She finishes the procedure, and it's time to take a deep breath and step away for her own break. The day is half done!

She sits down to eat, the cell phone rings. It's a call from Admissions, stating that a male patient has shown up, prepped for a colonoscopy, and is not on the schedule. The search is on, as the Charge Nurse starts paging physicians to try to find someone to please take care of this poor patient, who spent all last night reading "War and Peace" on the toilet.

The afternoon continues with more



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of the same duties, she utilizes any available free time to restock supplies, compile charts and input patient data.

The day begins to wind down, organization and planning become crucial. The Charge Nurse needs to determine if there are enough personnel to complete the remaining procedures for the day. If there are more cases than the on-call team can handle, she knows she can depend on reliable and dedicated staff to volunteer to stay and help.

As the saying goes in Special Procedures, "What's going to work? "Teamwork"!"